

APPENDIX C

- C1** Professional-Technical Education Glossary of Terms
- C2** Application for Certification as an Occupational Specialist
- C3** Approval of Professional Development Activities for Occupational Specialist Certification
- C4** Professional Development Plan (Professional-Technical Education Personnel)

Work Experience Definitions

Cumulative	Successive additions of work (hours/months) in the occupation or closely related occupations (maximum of one year is allowable).
Full-time	To apply toward the required work experience, employment may be accumulated from work completed for the same or comparable position, of at least six (6) months' duration, 40 hours per week (12 months' experience equals one year toward requirement).
Gainful	Services rendered for a firm for which the remuneration would enable one to sustain a livelihood.
Recent	Work experience ending within the last five years.
Successful	Competency in the occupational area. Such competency verification may be requested in writing from previous employers and/or results of competency testing.

Other Definitions

Professional – Technical	Programs which have received State Board for Professional-Technical Education approval and are eligible for State and/or Federal funds through reimbursement.
Occupational Competency Test	A test designed to measure technical and/or manipulative abilities in a given occupational area. The National Occupational Testing Institution (NOCTI) examination will be used if a test is available in the desired area.
Specific Occupations	Restricted to a particular category; such as: machinist, welder, food service worker, practical nursing, etc.

Approved CourseA course offered by an approved Idaho professional-technical teacher education institution; OR a course evaluated and approved as meeting Idaho standards by an approved Idaho professional-technical teacher educator and the State Division of Professional-Technical Education.

APPLICATION FOR OCCUPATIONAL SPECIALIST CERTIFICATION (Grades 9 – 12)

C2

MAIL TO:

Idaho Department of Education
Teacher Certification
P.O. Box 83720
Boise, Idaho 83720-0027

☐ Initial Application
☐ Revision
☐ Evaluation Only

☐ Renewal
☐ Reinstatement

***NOTE: \$75.00 APPLICATION FEE IS PAYABLE TO IDAHO DEPARTMENT OF EDUCATION**

***FEE Must** accompany this Application and is NONREFUNDABLE. Please use a CHECK or MONEY ORDER

1. Name of Applicant:		Social Security No.:	
2. Home Address:		City/State/Zip:	
3. Hold a high school diploma or a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
	Home Phone ()	Work Phone ()	

4. Check the **Occupational Area** and list the **Subject Area** to be taught:

AGRICULTURE AREA			MARKETING AREA		
BUSINESS AREA			RELATED SUBJECTS		
COUNSELING/ SP NEEDS			OCCUPATIONAL F & C S		
HEALTH AREA			TRADES & INDUSTRY		
WORK-BASED LEARNING			PRO-TECH ADMINISTRATOR		

5. Are you currently teaching or contracted to work in a professional-technical program? ☐ YES ☐ NO
6. If "yes", indicate school and program: _____

Complete sections 7-9 if this is your initial application for certification. If you are applying for renewal of your professional-technical certificate, only provide information in sections 7-9 that is new. Sections 10-14 **MUST** be completed.

7. **Educational Data:** TRANSCRIPTS MUST BE PROVIDED TO DOCUMENT COURSEWORK COMPLETED.

	NAME OF SCHOOL	LOCATION	DIPLOMA, CERTIFICATE OR DEGREE GRANTED	DATE GRANTED	MAJOR
TECHNICAL SCHOOL					
COLLEGE					
COLLEGE					

8. **Specific Training:** (List all schools and private training in special subjects)

COURSE OR SUBJECT	INSTITUTION, COMPANY OR PRIVATE TEACHER	DATES	CLOCK HOURS	CREDITS OR CERTIFICATES

9. **Employment Experience:** (Other than teaching) Please list all wage earning experience. Attach a separate sheet if more space is needed.

FROM MO/YR	TO MO/YR	HRS PER WEEK	KIND OF WORK	EMPLOYER	CITY	STATE

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10. Teaching experience in Public Schools, Business, Industry, etc.
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NAME OF SCHOOL OR COMPANY	SUBJECT OR OCCUPATION	CITY	STATE	FROM MO & YR.	TO MO & YR.

11. Have you ever held an Idaho Teacher Certificate?

YES
NO

If "YES", what type and what is the year of expiration?
12. Have you ever had an out-of-state certificate endorsed for use in Idaho?

YES
NO
13. Have you ever had a teaching certificate revoked, suspended, or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation proceedings in Idaho or another state?

** YES
NO
14. Have you ever been adjudicated guilty in a court of law of an offense other than a minor traffic violation?

** YES
NO

If answer is YES to either questions # 13 or # 14, attach an explanation of the circumstances

By your signature, upon this application, you attest and affirm that all statements made on this application are true and correct according to your knowledge and belief. You further attest and affirm that you have and will abide by Idaho Code and State Board of Education rules and regulations relative to the responsibility and conduct of certificated Idaho educators. Entry of false information on this application could result in denial of your application or revocation of your certificate.

SIGNATURE OF APPLICANT

DATE

THIS PORTION TO BE COMPLETED BY THE STATE DIVISION OF PROFESSIONAL-TECHNICAL EDUCATION

TYPE OF OCCUPATIONAL SPECIALIST CERTIFICATE

ENDORSEMENT

ENDORSEMENT

ENDORSEMENT

VALID FROM:

TO:

APPROVED:

PROFESSIONAL-TECHNICAL CERTIFICATION COORDINATOR

DATE

**APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES
FOR OCCUPATIONAL SPECIALIST CERTIFICATION**

Name:		Date:	
Address:		Social Security #:	
College/School:			
List only one activity per form	Check One	Hrs or Credits Requested	
College Credit (attach grade report or transcript)			
Paid Work or Clinical Experience			
Workshop, Seminar			
Conference			
Independent Research/Activities Related to Teaching			
Description of Activity: (attach appropriate information/documentation)			
		Completion Date:	
Participant's Signature	Date	Local Administrator's Signature	Date
State Professional - Technical Certification	Date	Will apply	Will <u>not</u> apply
Reason declined:			

Forward **all** copies to:

Coordinator, Professional-Technical Teacher Certification
Division of Professional-Technical Education
P.O. Box 83720
Boise, ID 83720-0095

After processing, one copy **shall** be retained in the Applicant's file in the State Office. The other two copies **shall** be returned, one for the Local Administrator and the other for the participant.

PROFESSIONAL DEVELOPMENT PLAN

C4

Professional-Technical Education Personnel

Date: _____, _____ To _____, _____

This Professional Development Plan shall be developed by you, the professional-technical education professional, with the concurrence of your employer or supervisor and an approved Occupational Teacher Educator, as indicated by signatures below. The plan shall be developed during the validity of the initial year of certification and updated with each certificate renewal. It shall be filed with the Professional-Technical Certification Office, PO Box 83720, Boise, ID 83720-0095.

Name:		SS#	
Home Address:		Phone:	
Current Position:			
Work Address:		Phone:	
Current credential(s) held:			
Credential(s) sought:			
Professional Development Plan Goal Statement:			
ACTIVITY PLANNED: (See next page for suggested activities) Course/Workshop/Seminar	Location of Activity/University	Date(s) Planned	Credit/Clock Hours
INDUSTRY EXPERIENCE/OTHER			
Local Supervisor:		Professional-Technical Teacher Educator:	
Title:		Institution:	
Institution:		Teacher Educator's Signature:	
Supervisor Signature:		Date:	
Your Signature:		Date:	
Received by the Professional-Technical Certification Office, SDPTE, on Date:			
REVISIONS TO THIS PROFESSIONAL DEVELOPMENT PLAN MAY BE MADE AT ANY TIME. MAKE NOTE OF CHANGES ON THIS SHEET AND SEND A COPY TO THE COORDINATOR FOR PROFESSIONAL-TECHNICAL CERTIFICATION AT THE ADDRESS SHOWN ABOVE.			

Revised 5/03

PROFESSIONAL DEVELOPMENT PLAN

INDIVIDUALIZED NEEDS ASSESSMENT

C4-1

Identified below are topic areas that might be identified as areas of personal need. Some of these areas might relate to a specific class, workshop, or seminar that is available to professional-technical education professionals. Read through the list and check those areas that are of interest or meet personal needs. Use this information to assist in developing your professional development plan.

Needs Related Directly to Instruction

_____ Planning, development and evaluation. Surveys adv. committee, occ. analysis	_____ Instructional planning. Develop units of instruction, prepare materials/learners.
_____ Platform skills/instructional execution/basic methods.	_____ Evaluating instruction. Assessing learner performance.
_____ Managing instruction. Budgeting, filing, inventory, records.	_____ Professional-technical guidance. Gathering student data, providing information/education and careers.
_____ School-community relations. Public relations aspects.	_____ Establishing and maintaining a professional-technical student organization.
_____ Professional role development. Teaching profession, establishing a philosophy.	_____ Coordinating a cooperative professional-technical education program.
_____ Implementing competency-based education. Materials and organization.	_____ Special needs students in professional-technical education program. How to teach and meet their needs.
_____ Assisting students in improving their basic skills. Communications and math.	_____ Computer applications in professional-technical education.
_____ Conferencing techniques. Planning for and conducting small/large conferences.	_____ Statistics. Reading, understanding, and utilizing statistical information.
_____ Human development. Theories of learning related to human growth and development.	_____ Multicultural students. Their needs and interests and how to relate to them.
_____ Research. How to read and use the information from research.	_____ Occupational upgrade.
_____ Laboratory management. Safety, layout of equipment, organizing student, maintenance.	_____
_____ Related area course work in:	_____
_____	_____
_____	_____

Administrative/Supervisory/Master Teacher Needs

_____ Local program planning, development, and evaluation	_____ Coordination of professional-technical programs.
_____ Managing student recruitment and retention	_____ Administration and supervisors of professional-technical programs, and curriculum development.
_____ Appraising staff development needs and planning for staff development.	_____ Personnel and personnel affairs management.
_____ Business and financial management.	_____ Facilities planning and maintenance.
_____ Communication.	_____ Establishing linkages with industry.
_____ Research. How to conduct research and analyze and utilize findings.	_____ Supervisorship/foremanship.

